

October 14, 2020

House Public Health Committee

Via email to PublicHealth@house.texas.gov

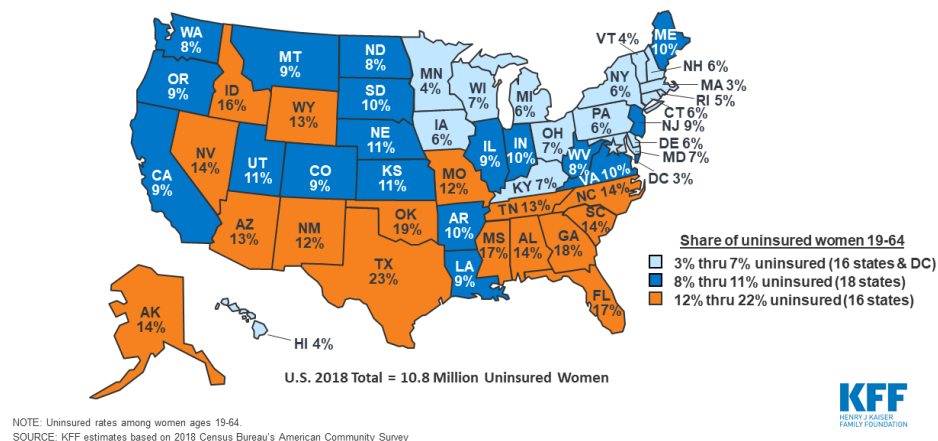
RE: Interim Charge 2 - Healthy Texas Women's Program

Chairman Thompson and Committee Members,

The Texas Association of Health Plans (TAHP) is the statewide trade association representing health insurers, health maintenance organizations, and other related health care entities operating in Texas. Our members provide health and supplemental benefits to Texans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid. **We are writing to provide information in response to your RFI regarding the Healthy Texas Women program (Interim Charge 2).**

Every Texan deserves access to affordable, comprehensive health care coverage regardless of their income, health status, or pre-existing conditions. Texas currently has an uninsured rate of 23% among women — the highest in the country.¹

Uninsured Rates Among Nonelderly Women, by State, 2018

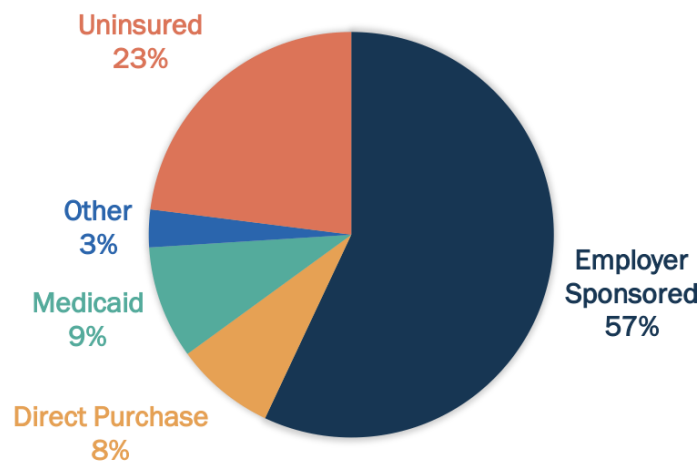


For women, health insurance coverage is a critical factor in making health care affordable and accessible. Women with health coverage are more likely to obtain needed preventive, primary, and specialty care services and have better access to new advances in women's health. Compared to women with insurance, uninsured women use fewer important preventive services such as mammograms, pap tests, and timely blood pressure checks. They are also less likely to report

¹<https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

having a [regular doctor](#). Most women in Texas receive their health coverage through private health coverage.

HEALTH INSURANCE COVERAGE OF TEXAS WOMEN AGES 19–64 IN 2018



Nine percent of women in Texas receive comprehensive health coverage through the Texas Medicaid program. Texas partners with private health insurers known as Medicaid managed care organizations (MCOs) to connect more than 90% of Texans on Medicaid, including Texas women, to health insurance that provides comprehensive coverage and peace of mind — covering the benefits and services that families need to get healthy and stay healthy.

Medicaid managed care allows Texans on Medicaid to access and choose from a variety of doctors and hospitals in their area. More than 80% of all Texas doctors are currently in Medicaid managed care plan networks. The managed care model has saved more than \$5 billion in taxpayer dollars by improving access to care and focusing on preventive health care — taking proactive steps to keep Texans healthy and avoid common illness.²

This includes increased access to prenatal care and education. Texas Medicaid currently covers more than 50% of births in Texas. As a result, more expectant moms receive prenatal care and education — and receive it earlier, helping Texas mothers deliver healthier babies. Prior to Medicaid managed care, Texas Medicaid operated under a fee-for-service system in which less than 15% of women received timely prenatal care.³ Today, because of managed care, 90% of expecting mothers in Medicaid receive timely prenatal care.⁴ Texas Medicaid also connects at-risk pregnant mothers with special doctors, support systems, and highly trained individuals in

² [Evaluation of Medicaid Managed Care - Rider 61 Report. August 2018.](#)

³ EQRO Summary of Activities, State Fiscal Year 2002. ICHIP HEDIS Report

⁴ [EQRO Summary of Activities, State Fiscal Year 2018 - Quality, Timeliness, and Access to Health Care for Texas Medicaid and CHIP Recipients. May 2019.](#)

their local community who can help these moms make the healthiest choices for themselves and their babies.

Despite all the progress MCOs have had in improving health outcomes and ensuring pregnant women have access to timely prenatal care, they still face major barriers to addressing health outcomes. Last session, the Legislature passed Senate Bill 750 to help address several of these barriers. SB 750 directed the improvement of data on maternal health and causes of death, as well as the development of strategies to address the rates of maternal mortality and morbidity in Texas. But there are still ways Texas can increase access to health care for women before, during, and after pregnancies — healthy women lead to healthier mothers and children.

The most significant barrier preventing health plans from improving care for new mothers is the short timeframe for Medicaid eligibility before and after pregnancy, as well as the lag time it takes to get a client into managed care once they have been deemed eligible. The Texas Medicaid program only covers women for 60 days past delivery, and research shows the majority of maternal deaths in Texas occur after the mother loses her Medicaid coverage. One way to improve maternal health is to ensure access to health care coverage post-delivery. Thirty-six states and DC offer postpartum care past 60 days.⁵ **Texas should provide full coverage for women on Medicaid 12 months post-delivery to improve maternal health and ensure healthier babies.**

Twenty-five states, including Texas, established programs that use Medicaid funds to cover the costs of family planning services for low-income, uninsured women. In Texas, this program is called Healthy Texas Women (HTW). While HTW provides important services for women, it does not provide comprehensive health insurance coverage. Thanks to SB 750, HHSC is adding enhanced postpartum coverage, including physical health, mental health, and substance use disorder services, to this program.

While HTW provides many women with access to services they need to stay healthy between pregnancies, we are concerned that because it will be delivered via a fee-for-service program, it will be fragmented and uncoordinated. Women will be forced to go through the unnecessary burden of changing programs and doctors. If this program was delivered through Medicaid managed care, women would seamlessly transition from program to program — keeping their existing Medicaid managed care plan, insurance card, and doctors. Another benefit of delivering HTW through managed care is that these women would have access to a variety of doctors and other providers in their area. **The best solution for ensuring women in Texas — especially women served through the HTW program — have access to the care, continuity of care, and quality of care they need to stay healthy is to administer the HTW program through Medicaid managed care.**

Recognizing that managed care may be a better delivery option for HTW than fee-for-service, the Legislature, through SB 750, directed HHSC to study *the cost-effectiveness and feasibility of contracting with Medicaid managed care organizations to provide HTW program services*

⁵<https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

through managed care in one or more health care service regions in Texas if the HTW Section 1115 Demonstration Waiver is approved.

In addition to the above benefits, administering the HTW program through Medicaid managed care will also:

1. **Improve continuity of care and health outcomes** – Today, even though MCOs can provide case management to high-risk women to help reduce preterm births, it takes 15 days for pregnant women to enroll in a managed care plan. These 15 days can make a huge difference in outcomes for high-risk mothers. Administering the HTW program through managed care will eliminate this unnecessary gap of time. When MCOs can provide timely prenatal care, they can quickly identify and treat expectant mothers and gain precious time to help ensure healthy deliveries and healthy babies. Women with high-risk pregnancies could begin receiving case management immediately, resulting in better birth outcomes.

Eligibility processes also impact continuity of care. Changes were recently made to enrollment processes when the HTW program was approved as an 1115 Demonstration Waiver. Women who received Medicaid coverage while pregnant and are now eligible for HTW will no longer be automatically enrolled in the program, and women who are eligible for WIC or SNAP or who have a child eligible for Medicaid will no longer be automatically financially eligible (adjunctively eligible) for HTW. Changes to these processes could result in potential gaps in care and negatively impact continuity of care and long-term health. We encourage HHSC and the Legislature to ensure continuity of care in the current program by improving administrative renewal processes, utilizing post-enrollment verification, and negotiating with CMS on the ability to use adjunctive eligibility to confirm whether a woman is income-eligible for the program.

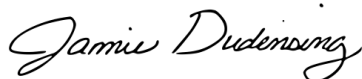
2. **Improve tracking of health outcomes and promote innovative models of care** – Another issue caused by the lack of care continuity for women served through Medicaid and the HTW program is the inability to track health outcomes. If women could be served by a single health plan in both STAR Medicaid (while pregnant) and the HTW program (after pregnancy), Texas could track health outcomes and better measure whether women are receiving appropriate care. The ability to track outcomes and continuous eligibility in a single health plan also incentivizes physicians and health plans to develop innovative payment models that reward providers for quality.
3. **Provide coordinated care** – Women with complex health needs, including chronic health conditions associated with an increased risk of maternal mortality and morbidity, often require care or services from multiple providers and specialists. To improve quality care coordination, the Maternal Mortality Task Force recommends expanding care management services for pregnant and postpartum women. Care coordinators can provide important patient education, service coordination, and advocacy for women's acute and chronic medical and psychosocial needs. They can also facilitate coordination between providers to ensure health needs are met and connect women with beneficial resources and services in the community. Care coordination and case management are the most important elements of the managed care delivery model. Administering the HTW

program through managed care would give women access to caring nurse care coordinators who help connect them to the health care and social services they need.

4. **Address social barriers to health care** – The only way to fully address maternal mortality rates and improve women’s health in Texas is to also address inequalities in social circumstances that affect overall health. Limited access to healthy foods, reliable transportation, health care services, and stable housing — these challenges have a dramatic impact on women’s health. Studies show social determinants of health (SDOH) can drive as much as 80% of health outcomes.⁶ Texas Medicaid managed care plans are investing in benefits and programs that meet Texans where they live, work, and play — helping them overcome social barriers and access the care they need to get health and stay healthy. A recent survey conducted by the Episcopal Health Foundation found that all of Texas’ MCOs are investing in resources to address SDOH for their members, and many plans are investing in the greater community beyond their members. The degree to which each is investing varies, but all MCOs are partnering with community based organizations to address food securities and several are investing in education and housing. Continuous eligibility in a health plan would incentivize greater investment and help plans track outcomes and returns on SDOH investments. Additionally, carving the HTW program into managed care would give Texas women access to these types of services, which are unavailable through a fee-for-service model.

While MCOs, HHSC, DSHS, and bills like SB 750 are addressing access to care and improving maternal outcomes through critically important improvements to the Medicaid and HTW programs, significant barriers still exist for women in the HTW program because of the fee-for-service model being used to administer it. The next step to improving access and quality of care for women in Texas is to complete the comprehensive review of administering the HTW program through managed care as required by last session’s SB 750 and to pass legislation next session directing HHSC to move the program into the managed care model.

Sincerely,



Jamie Dudensing, RN
CEO, Texas Association of Health Plans

⁶Medicaid’s Role in Addressing Social Determinants of Health, Robert Wood Foundation, February 2019.